

CLAIMS ONLY

Application Number

10/750987

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1	/		/				51		/		/			
2		/		/			52		/		/			
3		/		/			53		/		/			
4		/		/			54		/		/			
5		/		/			55		/		/			
6		/		/			56		/		/			
7		/		/			57		/		/			
8		/		/			58		/		/			
9	/		/				59		/		/			
10		/	/	/			60		/		/			
11		/		/			61		/		/			
12		/		/			62		/		/			
13		/		/			63		/		/			
14		/		/			64		/		/			
15		/		/			65		/		/			
16	/			/			66	/			/			
17		/		/			67	/			/			
18		/		/			68		/		/			
19		/		/			69		/		/			
20		/		/			70		/		/			
21		/		/			71		/		/			
22		/		/			72		/		/			
23		/		/			73		/		/			
24		/		/			74							
25		/		/			75							
26		/		/			76							
27		/		/			77							
28		/		/			78							
29		/		/			79							
30		/		/			80							
31		/		/			81							
32		/		/			82							
33		/		/			83							
34		/		/			84							
35		/		/			85							
36		/		/			86							
37		/		/			87							
38		/		/			88							
39		/		/			89							
40		/		/			90							
41		/		/			91							
42		/		/			92							
43		/		/			93							
44		/		/			94							
45		/		/			95							
46		/		/			96							
47		/		/			97							
48		/		/			98							
49		/		/			99							
50		/		/			100							
Total Indep	5		1				Total Indep							
Total Depend	67		11				Total Depend							
Total Claims	72		12				Total Claims							